

Report Year:

2010

12180

Doctors Hospital of West Covina Inc

West Covina

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

12180

Facility Name:

Doctors Hospital of West Covina Inc

Address:

725 S. Orange Ave.

City:

West Covina

Hospital Owner/Licensee:

Doctors Hospital of West Covina Inc

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Gerald Wallman

Submission Date:

1/25/2011 3:00:00 PM

Report Year:

2010

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
A	Hospital Building / Additions	725 S. Orange Ave.	Retrofit	SPC2	01/01/2013	01/01/2013

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Report Status: **Data Last Update:** 11/03/2010

Submission Date: 01/25/2011

Print Date: 1/26/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **A**Building Name: **Hospital Building / Additions****Type of Service Provided**
☒ Nursing Inpatient Beds **24** Inpatient Days **888**
☒ IntensiveCare Inpatient Beds **3** Inpatient Days **0**
☐ Pediatric/Adol
escent Inpatient Beds **0** Inpatient Days **0**
☐ Psychiatric
Nursing Inpatient Beds **0** Inpatient Days **0**
☐ Obstetrical
Ante/Postprtum Inpatient Beds **0** Inpatient Days **0**
☐ Intermediate
Care Inpatient Beds **0** Inpatient Days **0**
☒ Skilled Nursing Inpatient Beds **24** Inpatient Days **7770**
Total Beds this Building **51**
☒ Surgical

☐ Obstetrical
Recovery

☒ Anesthesia

☐ Newborn/
WellBaby

☒ Clinical Lab

☐ Emergency

☒ Radiological/
Imaging

☐ Nuclear
Medicine

☒ Pharmaceutical

☒ Dietetic

☐ Rehabilitation
Therapy

☒ Administration

☐ Renal Dialysis

☒ Support
Services

☒ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☒ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

A

Building Name:

Hospital Building / Additions

Medical / Surgical (Include GYN)Inpatient
Bed

24

Inpatient
Days

888

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

24

Inpatient
Days

7770

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

3

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

51

**Total Beds this
Building Per
Service**

0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building
Number

Building
Name

Building to
be Removed

A

Hospital Building / Additions

☐

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Report Status: **Data Last Update:** 11/03/2010

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

A

Building Name:

Hospital Building / Additions

Type of Service Provided

☒

Nursing

☒

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☒

Skilled Nursing

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒Radiological/
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☒Outpatient
Surgery☒

Central Plant

☒Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

A

Building Name:

Hospital Building / Additions

Configuration

:

N/A

Type of Service Provided☒

Nursing

☒

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☒

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☒Radiological/
Imaging☐Newborn/
WellBaby☒Outpatient
Surgery☐Psychiatric
Nursing☒

Pharmaceutical

☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postpartum☒

Dietetic

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☒

Administration

☒

Skilled Nursing